

**AGREEMENT TO TRANSFER RECORDS TO
ARIZONA STATE LIBRARY ARCHIVES AND PUBLIC RECORDS
HISTORY AND ARCHIVES DIVISION**

Terms of Agreement

The records described below and on the attached _____ pages are transferred to the official custody of the Arizona State Archives in accordance with ARS §41-1339. The transferring agency certifies that any restrictions on the use of these records are listed below. In accordance with ARS §41-1339, custody of these records becomes the responsibility of the Arizona State Library Archives and Public Records, History and Archives Division.

1a. Authorized Agency Representative Signature: _____ Date: _____	2a. Archives Approval Signature: _____ Date: _____
1b. Name, Title, Mailing Address _____ _____ _____	2b. Name, Title _____ _____ _____

RECORDS INFORMATION

3a. General Series Description (include information regarding content) (Attach any additional description on separate page)	3b. Date span of Records
4. Number of Records Transferred to Archives <div style="float: right;"> <input type="checkbox"/> linear <input type="checkbox"/> cubic feet </div> Number of boxes: _____ Number of Volumes: _____ Other: _____ Total size: _____	
5a. Agency or Establishment 5b. Agency Major Subdivision 5c. Unit that created record 5d. Agency person with whom to confer Name: _____ Phone Number: _____	7. Physical Forms (Check all that apply) <input type="checkbox"/> Paper Documents <input type="checkbox"/> Posters <input type="checkbox"/> Paper Publications <input type="checkbox"/> Maps and Charts <input type="checkbox"/> Microfilm/microfiche <input type="checkbox"/> Architectural/ Engineering Drawings <input type="checkbox"/> Electronic Records <input type="checkbox"/> Film/sound/video <input type="checkbox"/> Photographs <input type="checkbox"/> Other: _____ 8. Attachments <input type="checkbox"/> Additional Description(s) Specifications for electronic records <input type="checkbox"/> Inventory/Container List <input type="checkbox"/> Other: _____ 9. RESTRICTIONS ON USE <input type="checkbox"/> No Restrictions <input type="checkbox"/> Restrictions (Cite appropriate ARS Statute): _____ 10. Current condition of Records <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Bad Please Describe (if in poor or bad condition): (Note damage or unusual wear)
6. Physical location of records _____ _____ _____	

FOR ASLAPR USE ONLY

11. Shipping instructions to Agencies/Remarks regarding disposition	12. RG
13. Director, Arizona State Library Archives and Public Records or Designee Signature: _____ Date: _____	14. Accession Number

INSTRUCTIONS

GENERAL: Either the transferring agency or the Arizona State Library, Archives and Public Records (ASLAPR) may initiate this form.

WHEN INITIATED BY AN AGENCY: The agency completes blocks 1a, 1b and 3a through 10 using the instructions below. Block 1a **must** be signed and dated. Send the original to the History and Archives Division of ASLAPR three weeks before records are to be transferred.

WHEN INITIATED BY ASLAPR: When past the time for retention of permanent records in the Records Center, ASLAPR will initiate transfer of the records to the History and Archives Division. ASLAPR will also initiate transfer of the records of agencies that are "sunsetting." ASLAPR completes blocks 2 through 10 and sends the original to the transferring agency's records officer. The agency completes block 1 and completes or corrects blocks 3 through 10. Block 1 must be signed and dated. The agency returns the original to the History and Archives Division of ASLAPR three weeks before the records are to be transferred to the History and Archives Division of ASLAPR.

MAILING ADDRESS: Mail the completed form to the address below:

History and Archives Division
ASLAPR
1901 W. Madison St.
Phoenix, AZ 85009

TERMS OF AGREEMENT: Please indicate the number, if any, of pages attached to transfer form.

1. AUTHORIZED AGENCY

REPRESENTATIVE: The agency records officer, having the delegated authority to transfer the records to ASLAPR, should sign and date the form here (1a) and provide his/her name, title and mailing address (1b)

2. ASLAPR APPROVAL: Appropriate Archives staff will sign and date the transfer form (2a) and provide his/her name and title (2b).

3. GENERAL SERIES DESCRIPTION/DATE SPAN OF RECORDS: The information provided should include a record series title, a statement of how the records are arranged, dates of coverage and sufficient detail to describe the body of records being transferred. If access to the records is gained or facilitated through an index, box list, or other finding aid, include it with the records being transferred. For electronic records, describe any related documentation.

4. NUMBER OF RECORDS TRANSFERRED TO ARCHIVES: List the numbers of boxes and/or volumes being transferred. Also include total size of records in linear or cubic feet.

5. CREATING AGENCY INFORMATION: Place the creating agency within its organization hierarchy (5a-5c). (5a) should be the official or legal name of the agency, department, board or commission, for example, the State Land Department. (5b) should be the name of the major

division within the agency. If the unit that created the record is a part of a subdivision enter that unit in (5c). Usually (5c) is not the agency's records management office. For example, if we took a unit from the State Land Department the entry would be as follows: (5a) Land Department, (5b) Natural Resources, (5c) Water Rights. In block 5d include the name and telephone number (including area code) of a person who should be contacted if ASLAPR has any questions about the records.

6. PHYSICAL LOCATION OF THE RECORDS: List the complete address of the place where ASLAPR will pick up the records.

7. PHYSICAL FORMS: Many times boxes contain mixed media such as paper, photographs, maps and charts, cassette and video tapes, film and more. Check all boxes that apply and list any other forms.

8. ATTACHMENTS: Check the appropriate box(es) and indicate the attachment(s) being submitted with this form.

9. RESTRICTIONS ON USE: If these records are not confidential as per statute, check No Restrictions. If these records are confidential as per statute, check Restrictions and cite the appropriate ARS. If these records are not confidential under statute, but you have concerns about them, please contact the History and Archives Division of ASLAPR.

10. CURRENT CONDITION OF RECORDS: Check the appropriate box as to the condition of the records. If there is obvious damage or wear, please describe.

FOR ASLAPR USE ONLY (11-14)

11. SHIPPING INSTRUCTIONS. TO AGENCIES/REMARKS REGARDING DISPOSITION:

ASLAPR uses this space to provide shipping instructions relating to transfers.

12. RG: ASLAPR assigns the Record Group (RG) of the agency, board or commission whose records are being transferred.

13. DIRECTOR, ARIZONA STATE LIBRARY ARCHIVES AND PUBLIC RECORDS: Once the records have been transferred to ASLAPR and ASLAPR verifies the records described in Blocks 3 and 4, the Director of the Library, Archives and Public Records signs Block 13. At this point, ASLAPR assumes legal custody of the records. ASLAPR's History and Archives Division sends the agency a copy of the completed form.

14. ACCESSION NUMBER: ASLAPR's History and Archives Division assigns a unique, permanent control number for each transfer of records.